

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND

FILED

Robert Daniel Wilcox

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Veterans Affairs Medical Center
Providence R.I.
LALITHA KUSUPATI (Phys) ER

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

2016 OCT 14 P 12:47

Complaint for a Civil Case
U.S. DISTRICT COURT
DISTRICT OF RHODE ISLAND

Case No. _____
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Robert Danie Wilcox</u>
Street Address	<u>139 Dogwood St</u>
City and County	<u>Fair Haven, Bristol</u>
State and Zip Code	<u>MA 02719</u>
Telephone Number	<u>508-9921115</u>
E-mail Address	<u>-</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>VAMC</u>
Job or Title (if known)	<u>Veteran Affairs Medical Center</u>
Street Address	<u>830 Chalkstone Ave</u>
City and County	<u>Providence, Providence</u>
State and Zip Code	<u>R.I. 02908</u>
Telephone Number	<u></u>
E-mail Address (if known)	<u></u>

Defendant No. 2

Name	<u>LALITHA KUSUPATI</u>
Job or Title (if known)	<u>ETC Doctor VAMC</u>
Street Address	<u>830 Chalkstone Ave</u>
City and County	<u>Providence Providence</u>

State and Zip Code RI 02908
Telephone Number _____
E-mail Address _____
(if known) _____

Defendant No. 3

Name _____
Job or Title _____
(if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known) _____

Defendant No. 4

Name _____
Job or Title _____
(if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known) _____

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (*check all that apply*)

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (*name*) _____, is a citizen of the State of (*name*) _____.

b. If the plaintiff is a corporation

The plaintiff, (*name*) _____, is incorporated under the laws of the State of (*name*) _____, and has its principal place of business in the State of (*name*) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (*name*) _____, is a citizen of the State of (*name*) _____. Or is a citizen of (*foreign nation*) _____.

b. If the defendant is a corporation

The defendant, (name) _____, is
incorporated under the laws of the State of (name)
_____, and has its principal place of
business in the State of (name) _____. Or is
incorporated under the laws of (foreign nation)
_____, and has its principal place of
business in (name) _____.

*(If more than one defendant is named in the complaint, attach an
additional page providing the same information for each additional
defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant
owes or the amount at stake—is more than \$75,000, not counting interest
and costs of court, because *(explain)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as
briefly as possible the facts showing that each plaintiff is entitled to the damages or other
relief sought. State how each defendant was involved and what each defendant did that
caused the plaintiff harm or violated the plaintiff's rights, including the dates and places
of that involvement or conduct. If more than one claim is asserted, number each claim
and write a short and plain statement of each claim in a separate paragraph. Attach
additional pages if needed.

NO Remedial care upon Diagnosis of Stingle infection
of left side of face, left eye, left eye brow/Lolita Khusapati
NO Follow up communication to primary CARE
Physician at middletown Clinic Resulting in Corneal
Damage to left eye, nerve damage, perpetual medication

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Prophylactic Treatment would have curbed the onset
of permanent Damage & now must become medication
the rest of my life. The medication are Damaging in and
of themselves.

Seeking appropriate Damages

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10-14, 2016

Signature of Plaintiff

Printed Name of Plaintiff

Robert D. Wilcox

Robert Daniel Wilcox

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney	_____
Printed Name of Attorney	_____
Bar Number	_____
Name of Law Firm	_____
Address	_____
Telephone Number	_____
E-mail Address	_____

CONTINUATION PAGES

The Defendant(s) - Continuation

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 5

Name	_____
Job or Title (if known)	_____
Street Address	_____
City and County	_____
State and Zip Code	_____
Telephone Number	_____
E-mail Address (if known)	_____

Defendant No. 6

Name	_____
Job or Title (if known)	_____
Street Address	_____
City and County	_____

Defendant No. 7

Name	_____
Job or Title (if known)	_____
Street Address	_____
City and County	_____
State and Zip Code	_____
Telephone Number	_____
E-mail Address (if known)	_____

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